

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Kathryn Radtkey-Gaither			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Governor's Office	
POSITION Undersecretary		CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary of Education			INDEX NUMBER 131
RESIDENCE ADDRESS* 1121 L Street #600			HEADQUARTERS ADDRESS 1121 L Street #600		TELEPHONE NUMBER 916-322-9204	
CITY Sacramento	STATE ca	ZIP CODE 95814	CITY Sacramento	STATE ca	ZIP CODE 95814	

1) MONTH/YEAR Jan/Feb		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
2)				(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING		(D) PRIVATE CAR USE						
DATE	TIME							BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	MILES	AMOUNT		
27	0430 - 1600	Sacto/Los Angeles/return		6.00				347.40		9.00				362.40
24	0530 - 2000	Sacto/Los Angeles/return		6.00		10.00				79.00				95.00
10) SUBTOTALS				12.00		10.00		347.40		88.00				457.40

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 457.40

1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

1/27/10 Meeting with Aga Khan Foundation, Sheraton Grand, Los Angeles, CA

2/24/10 Health, Nutrition & Obesity Summit, Los Angeles, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

5) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

VEHICLE 3
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DATE _____

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/EL AND PAYMENT

DATE _____

3/3/10

3/3/10